2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000033275

Entity Name: ELCA, LLC

Title:

Name: Address:

City-St-Zip:

MGR

() Delete

ELIA TORREALBA DE GI, MENEZ

18100 NORTH BAY RD., UNIT 408

SUNNY ISLES BEACH, FL 33160

FILED Apr 30, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
18100 NOI SUNNY IS	RTH BAY RD., LES BEACH, F	UNIT 408 L 33160		
Current Mailing Address:			New Mailing Address:	
18851 NE 29TH AVENUE				
SUITE 900 AVENTUR) RA, FL 33180	US		
FEI Number:	: 20-0202039	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
18851 NE SUITE 900 AVENTUR The above	RA, FL 33180 lenamed entity s	JS	purpose of changing its registere	ed office or registered agent, or both
	e of Florida.			
SIGNATURE: Electronic Signature of Registered Age			ent	Date
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	CARIDAD QUE 18100 NORTH I	Delete ROL NINO, BAY RD., UNIT 408 BEACH, FL 33160	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	JORGE LUIS G 18100 NORTH I	Delete IMENEZ, BAY RD., UNIT 408 BEACH, FL 33160	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	GIMENEZ, CLIF 18100 NORTH I	Delete FORD BAY RD., UNIT 408 BEACH, FL 33160	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	GIMENEZ, SOR 18100 NORTH I	Delete AYA BAY RD., UNIT 408 BEACH, FL 33160	Title: Name: Address: City-St-Zip:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Title:

Name:

Address:

City-St-Zip:

() Change () Addition

SIGNATURE: JORGE LUIS GIMENEZ MGR 04/30/2008